

CHILD EMERGENCY FORM

This form will remain in the Tiny Tots Room and be referred to by our instructor. Only individuals named on this sheet are allowed to pick up your child and must show photo I.D. to our staff members. Changes to this form can be made at any time. Please talk to our Instructor or Recreation Coordinator to do so.

Child's Name: _____ Gender: _____ Birth Date: _____ Age: _____

Address: _____ City: _____ Zip: _____

EMERGENCY CONTACTS:

Parent/Guardian's Name: _____ Parent/Guardian's Name: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Email: _____ Email: _____

Alternative Contact 1: _____ Alternative Contact 2: _____

Home Phone Number: _____ Home Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

EMERGENCY INFORMATION:

Consent for Medical Treatment: As the parent/legal guardian, I hereby give consent to the Carmichael Recreation and Park District to obtain all emergency medical or dental care deemed necessary by a duly licensed physician (M.D.) or dentist (D.D.S.) for (child's name) _____. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent/Guardian Signature: _____ Date: _____

Medical Conditions: _____ Physician: _____

Allergies: _____ Address: _____

Current Medications: _____ Phone Number: _____

Phone Number: _____ Insurance Company: _____

AUTHORIZED INDIVIDUALS TO BRING AND TAKE YOUR CHILD TO AND FROM THE FACILITY:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____